STATEOFCALIFORNIA DEPARTMENTOFMANAGEDHEALTHCARE HEALTHCARESERVICEPLAN

MONTHLYFINANCIALREPORTINGFORM

Submittedon6/25/20031:33:30PM

1.	FORTHEMONTHENDING:	May31,2003			
2.	Name:	DEDICATEDDENTALSYSTEMS,INC.			
3.	FileNumber:(Enterlastthreedigits)933-0	244			
4.	DateIncorporatedorOrganized:	July7,1985			
5.	DateLicensedasaHCSP:	SeeAttached			
6.	DateFederallyQualifiedasaHCSP:	N/A			
7.	DateCommencedOperation:	1988			
8.	MailingAddress:	3990MingAvenue,Bakersfield,CA93309			
9.	AddressofMainAdministrativeOffice:	3990MingAvenue,Bakersfield,CA93309			
10.	TelephoneNumber:	(661)397-5513			
11.	HCSP'sIDNumber:	77-0078333			
12.	PrincipalLocationofBooksandRecords:	3990MingAvenue,Bakersfield,CA93309			
13.	PlanContactPersonandPhoneNumber:	DavidStanfield,(949)567-3151			
14.	FinancialReportingContactPersonandPhoneNumber:	RobertHill,(310)765-2470			
15.	President:*	DavidStanfield			
16.	Secretary:*	ThomasGibbon			
17.	ChiefFinancialOfficer:*	RobertHill			
18.	OtherOfficers:*	DavidSpence,ChiefOperatingOfficer			
19.					
20.					
21.					
22.	Directors:*	DavidStanfield			
23.		RobertHill			
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
	Theofficerslistedonlines15through17ofthehealthcareserviceplan andsaysthattheyaretheofficersofthesaidhealthcareserviceplan,and weretheabsolutepropertyofthesaidhealthcareserviceplan,freeand thesefinancialstatements,togetherwithrelatedexhibits,schedulesa truestatementofalltheassetsandliabilitiesandoftheconditionandaf statedabove,andofitsincomeanddeductionstherefromfortheperiod belief,respectively.	dthat, forthereporting period stated above, all of the here in assets clear from anylien sorclaims thereon, except as here in stated, and that undexplanations there in contained, annexed or referred to, is a full and fairs of the saidhealth care service planas of the reporting period			
32.	President	த்துகல்கள் கவுப்red (please type for valid signature)			
33.	Secretary	signomusоводнігеd (please type for valid signature)			
34.	ChiefFinancialOfficer	हांकुरुहहंत्वाचार्याच्यांच्य (please type for valid signature)			
	*Showfull name (initials not accepted) and indicate by sign (#) those of ficers a statement.	nddirectorswhodidnotoccupytheindicatedpositionintheprevious			
	Ifthisisarevisedfiling,checkhere: Ifalldollaramountsarereportedinthousands(000),checkhere: CheckMyWork.				

STATEOFCALIFORNIA DEPARTMENTOFMANAGEDHEALTHCARE HEALTHCARESERVICEPLAN

MONTHLYFINANCIALREPORTINGFORM

SUPPLEMENTALINFORMATION

		1
1.	Arefootnotedisclosuresattachedwiththisfiling?	Yes 🔻
2.	Istheattachedreportingformfiledonaconsolidatedor combinedbasis?If"Yes",theplanisrequiredtofile consolidatingorcombiningschedules.	No 🔻
3.	Istheplanrequiredtofileadditionalinformation(i.e. parent/affiliatefinancialstatements, claims reports, etc.) that is required by the Department?	Yes 🔻

REPORT#1----PARTA:ASSETS

	REPORT#1PARTA:ASSETS	2
CURRENT	ASSETS:	CurrentPeriod
1.	CashandCashEquivalents	1,542,47
2.	Short-TermInvestments	
3.	PremiumsReceivable-Net	14,79
4.	InterestReceivable	
5.	SharedRiskReceivables-Net	
6.	OtherHealthCareReceivables-Net	1,927,10
7.	PrepaidExpenses	100,32
8.	SecuredAffiliateReceivables-Current	
9.	UnsecuredAffiliateReceivables-Current	377,99
10.	AggregateWrite-InsforCurrentAssets	212,09
11.	TOTALCURRENTASSETS(Itemms1to10)	4,174,79
	and the second s	
OTHERAS		50.00
12.	RestrictedAssets	50,00
13.	Long-TermInvestments	70.29
14.	Intangible Assets and Good will-Net Sowwad Affiliate Penninghlas Long Term	79,38
15.	SecuredAffiliateReceivables-Long-Term	
16.	UnsecuredAffiliateReceivables-PastDue	11,92
17. 18.	AggregateWrite-InsforOtherAssets TOTALOTHERASSETS(Items12to18)	141,30
10.	TOTALO TILIKASSE IS(IICIIIST21010)	141,30.
PROPERT	YANDEQUIPMENT	
19.	Land, Building and Improvements	
20.	FurnitureandEquipment-Net	444,90
21.	ComputerEquipment-Net	11,883
22.	LeaseholdImprovements-Net	616,340
23.	ConstructioninProgress	(
24.	SoftwareDevelopmentCosts	
25.	AggregateWrite-InsforOtherEquipment	
26.	TOTALPROPERTY AND EQUIPMENT (Items 19 to 25)	1,073,134
27.	TOTALASSETS	5,389,229
DETAILS	DFWRITE-INSAGGREGATEDATITEM10FORCURRENTASSETS	
1001.	SuppliesInventory	212,098
1002.		
1003.		
1004.		
1098.	Summaryofremainingwrite-insforItem10fromoverflowpage	
1099.	TOTALS(Items1001thru1004plus1098)	212,09
DETAILS	DFWRITE-INSAGGREGATEDATITEM17FOROTHERASSETS	
1701.	Deposits	11,92
1702.		
1703.		
1704.		
1798.	Summaryofremainingwrite-insforItem17fromoverflowpage	
1799.	TOTALS(Items1701thru1704plus1798)	11,92
	DFWRITE-INSAGGREGATEDATITEM25FOROTHEREQUIPMENT	
2501.		
2502.		
2503.		
2504.		
2598.	Summaryofremainingwrite-insforItem25fromoverflowpage	
2599.	TOTALS(Items2501thru2504plus2598)	

REPORT#1----PARTB:LIABILITIESANDNETWORTH

	1	2	3	4
			CurrentPeriod	
			Non-	
IDDENITI	LIABILITIES:	Contracting	Contracting	Total
1.	TradeAccountsPayable	263,771	XXX	263,77
	•	, , , , , , , , , , , , , , , , , , ,		
2.	CapitationPayable	5 474	XXX	5.47
3.	ClaimsPayable(Reported)	5,474		5,47
4.	IncurredButNotReportedClaims	18,360		18,36
5.	POSClaimsPayable(Reported)	0		
6.	POSIncurredButNotReportedClaims	0		
7.	OtherMedicalLiability	0		
8.	UnearnedPremiums	483,880	XXX	483,88
9.	LoansandNotesPayable	0	XXX	
10.	AmountsDueToAffiliates-Current	0	XXX	
11.	AggregateWrite-InsforCurrentLiabilities	456,940	0	456,94
12.	TOTALCURRENTLIABILITIES(Items1to11)	1,228,425	0	1,228,42
HERLIA	BILITIES:			
13.	LoansandNotesPayable(NotSubordinated)	0	XXX	
14.	LoansandNotesPayable(Subordinated)	0	XXX	
15.	AccruedSubordinatedInterestPayable	0	XXX	
16.	AmountsDueToAffiliates-LongTerm	0	XXX	
17.	AggregateWrite-InsforOtherLiabilities	0	XXX	
18.	TOTALOTHERLIABILITIES(Items13to18)	0	XXX	
19.	TOTALLIABILITIES	1,228,425	0	1,228,42
TWORT		1,220, 120		1,220, 12
20.	CommonStock	XXX	XXX	35,29
21.	PreferredStock	XXX	XXX	
22.	PaidInSurplus	XXX	XXX	360,08
	•	XXX	XXX	300,00
23.	ContributedCapital			2.765.40
24.	RetainedEarnings(Deficit)/FundBalance	XXX	XXX	3,765,42
25.	AggregateWrite-InsforOtherNetWorthItems	XXX	XXX	
26.	TOTALNETWORTH(Items20to25)	XXX	XXX	4,160,80
27.	TOTALLIABILITIESANDNETWORTH	XXX	XXX	5,389,22
TAILSOI 1101.	FWRITE-INSAGGREGATEDATITEM11FORCURRENTLIAB AccruedPayrollandRelated	1LITIES 412,888		412,88
1101.	AccruedLiabilities	44,052		44,05
1102.	AccruedLiabilities			44,0.
		0		
1104.		0		
1198.	Summaryofremainingwrite-insforItem11fromoverflowpage	0	0	1550
1199.	TOTALS(Items1101thru1104plus1198)	456,940	0	456,94
	FWRITE-INSAGGREGATEDATITEM17FOROTHERLIABILI			
1701.		0	XXX	
1702.		0	XXX	
1703.		0	XXX	
		0	XXX	
1704.				
1704. 1798.	Summaryofremainingwrite-insforItem17fromoverflowpage	0	XXX	
	Summaryofremainingwrite-insforftem17fromoverflowpage TOTALS(Items1701thru1704plus1798)	0	XXX XXX	
1798. 1799.		0		
1798. 1799.	TOTALS(Items1701thru1704plus1798)	0		
1798. 1799. TAILSOI	TOTALS(Items1701thru1704plus1798)	0 RTHITEMS	XXX	
1798. 1799. CTAILSOI 2501.	TOTALS(Items1701thru1704plus1798)	RTHITEMS XXX	XXX	
1798. 1799. TAILSOI 2501. 2502.	TOTALS(Items1701thru1704plus1798)	RTHITEMS XXX XXX	XXX XXX XXX	
1798. 1799. ETAILSOI 2501. 2502. 2503.	TOTALS(Items1701thru1704plus1798)	RTHITEMS XXX XXX XXX	XXX XXX XXX	

REPORT#2:REVENUE.EXPENSESANDNETWORTH

		1	2
		CurrentPeriod	Year-To-Date
EVENUE		219 427	1 412 705
1.	Premiums(Commercial)	318,427	1,413,797
2.	Capitation	45,522	232,985
3.	Co-payments, COB, Subrogation	83,519	383,060
4.	TitleXVIII-Medicare	0	(
5.	TitleXIX-Medicaid	0	4.727.26
6.	Fee-For-Service	877,972	4,727,264
7.	Point-Of-Service(POS)	0	(
8.	Interest	0	(
9.	RiskPoolRevenue	0	(
10.	AggregateWrite-InsforOtherRevenues	200	59,503
11.	TOTALREVENUE(Items1to10)	1,325,640	6,816,609
XPENSE			
	ndHospital		,
12.	InpatientServices-Capitated	0	(
13.	InpatientServices-PerDiem	0	
14.	InpatientServices-Fee-For-Service/CaseRate	0	(
15.	PrimaryProfessionalServices-Capitated	-107,048	64,860
16.	PrimaryProfessionalServices-Non-Capitated	548,330	2,819,888
17.	OtherMedicalProfessionalServices-Capitated	0	(
18.	OtherMedicalProfessionalServices-Non-Capitated	116,931	718,178
19.	Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	0	
20.	POSOut-Of-NetworkExpense	0	
21.	PharmacyExpense-Capitated	0	(
22.	PharmacyExpense-Fee-for-Service	0	(
23.	AggregateWrite-InsforOtherMedicalandHospitalExpenses	327,557	1,593,935
24.	TOTALMEDICALANDHOSPITAL(Items12to23)	885,770	5,196,861
Adminis			
25.	Compensation	36,177	141,552
26.	InterestExpense	0	(
27.	Occupancy, Depreciation and Amortization	12,431	62,200
28.	ManagementFees	0	(
29.	Marketing	0	(
30.	AffiliateAdministrationServices	0	(
31.	AggregateWrite-InsforOtherAdministration	56,085	207,423
32.	TOTALADMINISTRATION(Items25to31)	104,693	411,175
33.	TOTALEXPENSES	990,463	5,608,030
34.	INCOME(LOSS)	335,177	1,208,573
35.	ExtraordinaryItem		
36.	ProvisionforTaxes	144,000	520,000
37.	NETINCOME(LOSS)	191,177	688,573
ETWOR	гн:		
38.	NetWorthBeginningofPeriod	3,825,627	3,649,12
39.	AuditAdjustments	0	
40.	Increase(Decrease)inCommonStock	0	
41.	Increase(Decrease)inPreferredStock	0	
42.	Increase(Decrease)inPaidinSurplus	0	(
43.	Increase(Decrease)inContributedCapital	144,000	520,000
44.	Increase(Decrease)inRetainedEarnings:	0	(
45.	NetIncome(Loss)	191,177	688,573
46.	DividendstoStockholders	0	-696,894
47.	AggregateWrite-InsforChangesinRetainedEarnings	0	(
48.	AggregateWrite-InsforChangesinOtherNetWorthItems	0	(
49.	NETWORTHENDOFPERIOD(Items38to48)	4,160,804	4,160,804

REPORT#2:REVENUE,EXPENSESANDNETWORTH

	1	2	3
		CurrentPeriod	Year-to-Date
DETAILS	DFWRITE-INSAGGREGATEDATITEM10FOROTHERREVENUES	Currenti crioti	
1001.	OtherSpecialtyProgramRevenue	200	59,503
1002.	one operation to be a second of the second o	200	0,,000
1003.			
1004.			
1005.			
1006.			
1098.	Summaryofremainingwrite-insforItem10fromoverflowpage		
1099.	TOTALS(Items1001thru1006plus1098)	200	59,503
		79	
	DFWRITE-INSAGGREGATEDATITEM23FOROTHERMEDICALANDHOSPITALEXPENSI		£49.209
2301.	DentalSuppliesandLab	110,692	548,398
2302.	Marketing	16,628	94,648
2303.	PracticeG&A	139,478	648,736
2304.	Occupancy, Depreciation, and Amortization	60,759	302,153
2305.			
2306.			
2398.	Summaryofremainingwrite-insforItem23fromoverflowpage		
2399.	TOTALS(Items2301thru2306plus2398)	327,557	1,593,935
DETAIL CO			
	DFWRITE-INSAGGREGATEDATITEM31FOROTHERADMINISTRATIVEEXPENSES	14.946	150 120
3101.	HMOG&A	14,846	159,129
3102.	HMOBadDebt	327	7,382
3103.	OtherIncomeandExpense	40,912	40,912
3104.			
3105.			
3106.			
3198.	Summaryofremainingwrite-insforItem31fromoverflowpage		
3199.	TOTALS(Items3101thru3106plus3198)	56,085	207,423
DETAILSO	DFWRITE-INSAGGREGATEDATITEM47FORCHANGESINRETAINEDEARNINGS		
4701.			
4702.			
4703.			
4704.			
4705.			
4706.			
4798.	Summaryofremainingwrite-insforItem47fromoverflowpage	1	
4799.	TOTALS(Items4701thru4706plus4798)	0	0
1777.	1017LES(Reins 1701tha 1700) fact 1770)		
DETAILS	DFWRITE-INSAGGREGATEDATITEM48FORCHANGESOFOTHERNETWORTHITEMS	1	
4801.		1	
4802.			
4803.			
4804.			
4805.			
4806.			
	Summary of a maining switch in story I to make 1	1	
4898.	Summaryofremainingwrite-insforItem48fromoverflowpage		
4899.	TOTALS(Items4801thru4806plus4898)	0	

REPORT #3: STATEMENTOF CASHFLOWS (Direct Method)

	1	2	3
		CurrentPeriod	Year-to-Date
CASHFLO	WPROVIDEDBYOPERATINGACTIVITIES		
1.	Group/IndividualPremiums/Capitation	283,155	1,652,350
2.	Fee-For-Service	864,597	4,675,519
3.	TitleXVIII-MedicarePremiums	0	0
4.	TitleXIX-MedicaidPremiums	0	0
5.	InvestmentandOtherRevenues	200	59,503
6.	Co-Payments, COBandSubrogation	83,519	383,060
7.	MedicalandHospitalExpenses	-1,130,116	-5,848,106
8.	AdministrationExpenses	-359,288	-664,534
9.	FederalIncomeTaxesPaid	0	(
10.	InterestPaid	0	C
11.	NETCASHPROVIDEDBYOPERATINGACTIVITIES	-257,933	257,792
	WPROVIDEDBYINVESTINGACTIVITIES	201,500	201,772
12.	ProceedsfromRestrictedCashandOtherAssets	0	C
13.	ProceedsfromInvestments	0	
14.	ProceedsforSalesofProperty,PlantandEquipment	0	(
15.	PaymentsforRestrictedCashandOtherAssets	0	
16.	PaymentsforInvestments	0	
17.	PaymentsforProperty,PlantandEquipment	-11,960	-33,321
18.	NETCASHPROVIDEDBYINVESTINGACTIVITIES	-11,960	-33,321
	WPROVIDEDBYFINANCINGACTIVITIES:	-11,900	-33,321
19.	ProceedsfromPaidinCapitalorIssuanceofStock	0	0
20.	LoanProceedsfromNon-Affiliates	0	0
	LoanProceedsfromAffiliates LoanProceedsfromAffiliates	0	0
<u>21.</u> 22.	PrincipalPaymentsonLoansfromNon-Affiliates	0	
		0	
23.	PrincipalPaymentsonLoansfromAffiliates	0	-696,894
24.	DividendsPaid		
25.	AggregateWrite-InsforCashProvidedbyFinancingActivities	144,000	520,000
26.	NETCASHPROVIDEDBYFINANCINGACTIVITIES	144,000	-176,894
27.	NETINCREASE(DECREASE)INCASH(Items11,18&26)	-125,893	47,577
28.	CASHANDCASHEQUIVALENTSATTHEBEGINNINGOFTHEMONTH	1,668,363 1,542,470	1,494,893 1,542,470
29.	CASHANDCASHEQUIVALENTSATTHEENDOFTHEMONTH LIATIONOFNETINCOMETONETCASHPROVIDEDBYOPERATINGACTIVITIES:	1,342,470	1,342,470
		101 177	COO 570
30.	NetIncome	191,177	688,573
	entstoReconcileNetIncometoNetCashProvidedbyOperatingActivities	22.010	66.540
31.	Depreciation and Amortization Provided the Company of the Company	23,010	66,542
32.	Decrease(Increase)inReceivables	-17,031	-219,864
33.	Decrease(Increase)inPrepaidExpenses	13,251	27,458
34.	Decrease(Increase)inAffiliateReceivables	-186,748	-143,015
35.	Increase(Decrease)inAccountsPayable	-22,197	38,263
36.	Increase(Decrease)inClaimsPayableandSharedRiskPool	-2,497	-3,092
37.	Increase(Decrease)inUnearnedPremium	-77,138	2,935
38.	AggregateWrite-InsforAdjustmentstoNetIncome	-179,760	-200,008
39.	TOTALADJUSTMENTS(Items31through38)	-449,110	-430,781
40.	NETCASHPROVIDEDBYOPERATINGACTIVITIES	-257,933	257,792
	(Item30adjustedbyItem39mustagreetoItem11)		
DETAILSC	FWRITE-INSAGGREGATEDATITEM25FORCASHFLOWPROVIDEDBYFINANCII		•
2501.	Donatedcapital	144,000	520,000
2502.			
2503.			
2598.	Summaryofremainingwrite-insforItem25fromoverflowpage		
	TOTALS(Items2501thru2503plus2598)	144,000	520,000
DETAILSC	OFWRITE-INSAGGREGATEDATITEM38FORADJUSTMENTSTONETINCOME	, , , , ,	
3801.	Decrease(Increase)inSuppliesInventories	9,263	7,723
3802.	Increase(Decrease)inAccruedLiabilities	-181,264	-163,141
3803.	Increase(Decrease)inAccruedPayroll	-7,759	-44,590
3898.	Summaryofremainingwrite-insforItem38fromoverflowpage	150 540	200.000
3899.	TOTALS(Items3801thru3803plus3898)	-179,760	-200,008

REPORT #3: STATEMENTOF CASHFLOWS (Indirect Method)

	REPORTING STATEMENT OF CASHIFE OWN (INDIFFCENCE OF CASHIFE OWN)	1	2
		CurrentPeriod	Year-to-Date
	OWSFROMOPERATINGACTIVITIES:	101 177	699 572
1.	NetIncome(Loss)	191,177	688,573
	ENTSTORECONCILENETINCOME(LOSS)TONETCASHPROVIDED(USED)		
	ATINGACTIVITIES:	11 022	51 551
2.	Depreciation and Amortization	11,022	54,554
3.	UnrealizedGains/LossesonEquitySecurities	0	11.000
4.	Gain/LossonSaleofAssets	11,988	11,988
5.	DeferredIncomeTaxes	0	0
	NOPERATINGASSETSANDLIABILITIES		
	DecreaseinOperatingAssets:	-17,031	-219,864
6.	Receivables	13,251	
7.	PrepaidExpenses Affiliat Province Land	-186,748	27,458 -143,015
8.	AffiliateReceivables		
9.	Aggregatewrite-insfor(increase)decreaseinoperatingassets	9,263	7,723
	ecrease)inOperatingLiabilities:	-22,197	38,263
10.	TradeAccountsPayable	-22,197	36,203
11.	Claime Developed AIRNIN	-2,497	-3,092
<u>12.</u> 13.	ClaimsPayableandIBNR OtherMedicalLiability	-2,497	-3,092
13.	UnearnedPremiums	-77,138	2,935
15.		-77,138	2,933
	AffiliatePayables	-189,023	-207,731
16. 17.	Aggregatewrite-insforincrease(decrease)inoperatingliabilities NETCASHPROVIDED(USED)INOPERATINGACTIVITIES	-189,023	257,792
17.	NETCASHI ROVIDED(USED)INOFERATINGACTIVITIES	-231,933	231,192
CASHELO	OWFROMINVESTINGACTIVITIES		
18.	ProceedsfromRestrictedCashandOtherAssets	0	0
19.	ProceedsfromInvestments	0	0
20.	ProceedsforSalesofProperty,Plant,andEquipment	0	0
21.	PaymentsforRestrictedCashandOtherAssets	0	0
22.	Payments for Investments	0	0
23.	PaymentsforProperty,Plant,andEquipment	-11,960	-33,321
24.	Aggregatewrite-insforcashflowprovidedbyinvestingactivities	0	33,321
25.	NETCASHPROVIDED(USED)ININVESTINGACTIVITIES	-11,960	-33,321
		11,500	20,021
CASHFLO	OWFROMFINANCINGACTIVITIES		
26.	ProceedsfromPaid-in-CapitalorIssuanceofStock	0	0
27.	LoanProceedsfromNon-Affiliates	0	0
28.	LoanProceedsfromAffiliates	0	0
29.	PrincipalPaymentsonLoansfromNon-Affiliates	0	C
30.	PrincipalPaymentsonLoansfromAffiliates	0	C
31.	DividendsPaid	0	-696,894
32.	PrincipalPaymentsunderleaseobligations	0	O
33.	Aggregatewrite-insforcashflowprovidedbyfinancingactivities	144,000	520,000
34.	NETCASHPROVIDED(USED)INFINANCINGACTIVITIES	144,000	-176,894
35.	NETINCREASE/(DECREASE)INCASHANDCASHEQUIVALENTS	-125,893	47,577
36.	CASHANDCASHEQUIVALENTSATTHEBEGINNINGOFTHEMONTH	1,668,363	1,494,893
37.	CASHANDCASHEQUIVALENTSATTHEENDOFTHEMONTH	1,542,470	1,542,470

REPORT #3: STATEMENTOF CASHFLOWS (Indirect Method)

	1	2	3				
		CurrentPeriod	Year-to-Date				
DETAILS	ETAILSOFWRITE-INSAGGREGATEDATITEM9FOR(INCREASE)DECREASEINOPERATINGASSETS						
901.	Supplies	9,263	7,723				
902.							
903.							
998.	Summaryofremainingwrite-insforItem9fromoverflowpage						
999.	TOTALS(Items901thru903plus998)	9,263	7,723				
DETAILS	OFWRITE-INSAGGREGATEDATITEM16FORINCREASE(DECREASE)INOPERA	TINGLIABILITII	ES				
1601.	AccruedLiabilities	-181,264	-163,141				
1602.	AccruedPayroll	-7,759	-44,590				
1603.							
1698.	Summaryofremainingwrite-insforItem16fromoverflowpage						
1699.	TOTALS(Items1601thru1603plus1698)	-189,023	-207,731				
DETAILS	OFWRITE-INSAGGREGATEDATITEM24FORCASHFLOWPROVIDEDBYINVES	TINGACTIVITIE	S				
2401.							
2402.							
2403.							
2498.	Summaryofremainingwrite-insforItem24fromoverflowpage						
2499.	TOTALS(Items2401thru2403plus2498)	0	0				
DETAILS	OFWRITE-INSAGGREGATEDATITEM33FORCASHFLOWPROVIDEDBYFINAN	CINGACTIVITIE	S				
3301.	Provisionfornoncashtaxes	144,000	520,000				
3302.							
3303.							
3398.	Summaryofremainingwrite-insforItem33fromoverflowpage						
3399.	TOTALS(Items3301thru3303plus3398)	144,000	520,000				

REPORT#4:ENROLLMENTANDUTILIZATIONTABLE

TOTALENROLLMENT

TOTALENROLEMENT											
1	2	3	4	5	6	TotalMemberAmbulatoryEncountersforPeriod			10	11	12
					Cumulative						
					Enrollee				TotalPatient	Annualized	Average
	TotalEnrolleesAtEndof	AdditionsDuring	TerminationsDuring	TotalEnrolleesatEndof	Monthsfor	7	8	9	Days	Hospital	Lengthof
SourceofEnrollment	PreviousPeriod	Period	Period	Period	Period	Physicians	Non-Physicians	Total	Incurred	Days/1000	Stay
1. Group(Commercial)	20,183	83	6,275	13,991	96,676			0		0	
2. MedicareRisk				0				0			
3. Medi-CalRisk				0				0			
4. Individual	19,085	141	288	18,938	95,751			0		0	
5. PointofService				0				0			
6. Aggregatewrite-insforOther	0	0	0	0	0	0	0	0	0		
7. TotalMembership	39,268	224	6,563	32,929	192,427	0	0	0	0	0	
DETAILSOFWRITE-INSAGGREG	ATEDATITEM6FOROTH	ERSOURCESOFENR	OLLMENT								
601.				0				0			
602.				0				0			
603.				0				0			
Summaryofremainingwrite-insfor											
698. Item6fromoverflowpage				0				0			
Totals(lines601through603plus					0						
699. 698)(Line6above)	0	0	0	0	0	0	0	0	0		

NOTESTOFINANCIALSTATEMENTS NOTESTOFINANCIALSTATEMENTS FortheperiodendedMay31,2003(dollarsinthousands) 1.BusinessDescription 5 **Organization** 6 8. DedicatedDentalSystems,Inc.(the"Company"),awhollyownedsubsidiaryofInterDentService 9. Corporation("Parent"),formerlyGentleDentalServiceCorporation,wasformedin1985asalicensed $10.|\mathbf{h}$ ealthmaintenanceorganizationunder the California Knox-Keene Health Care Service Plan Actof 11. 1975(the''Knox-KeeneAct'').TheCompanydeliversmanageddentalcareservicesthroughitsdental 12. practiceofficestoenrolledindividuals, subscribergroups, individuals covered by State of California Denti-Calprogram, and individuals covered under fee for service plans. All of the Company's operationsservetheBakersfield,California,region.OnJuly31,1998,Parent,awhollyowned subsidiaryofInterDent,Inc.,acquiredalloftheoutstandingstockoftheCompany. 16 17. 2.SummaryofSignificantAccountingPolicies (a)BusinessandRegulatoryEnvironment 20 The Companyistic ensed by the Department of Managed Health Care (the "DMHC"). The DMHC requires the Company to maintain a minimum tangible net equity balance. At May 31,2003, theminimumbalancerequiredwascalculatedatapproximately\$68.Inaddition,theDMHC requirestheCompanytomaintainaminimumdepositof\$50pursuanttotheKnox-KeeneAct. Thedepositiscomprised of a certificate of deposithed by a trustee and is included in the accompanying balances heets a so ther restricted assets. Interestearned on the funds accrues totheCompanyandisnotrestrictedastouse. (b)RevenueRecognitionandHealthCareServices 29. 31. Prepaiddentalcarepremiumsfromenrolledgroupsandindividualsarereportedasrevenue inthemonthinwhichenrollees are entitled to receive dental care. Premiums received prior to such 33. periodarerecordedasunearnedpremiumrevenueuntilearned. 35. Feesforservicesandotherrevenuesconsistprimarilyofnetpatientservicerevenue(netpatient 36. revenue). Net patient revenue represents revenue reported at the estimated net realizable amounts 37. frompatients, third-partypayors and others for services rendered, net of contractual adjustments. Such revenues are recognized as services are performed. The Company records its estimated liabilityforservicesprovided by other parties based on historical information. (c)CashandCashEquivalents 42 Forpurposes of the statements of cashflows, cash and cash equivalents include cash on hand and interest-bearingdeposits with original or remaining maturities of three months or less when purchased. (d)AccountsReceivable 46 47. Accountsreceivableprincipallyrepresentreceivablesfrompatientsandinsurancecarriersfordental servicesprovidedatestablishedbillingrates, lessallowances and discounts for patients covered 50. bythird-partypayorcontracts.Paymentsundertheseprogramsareprimarilybasedon 51. predetermined rates. In addition, a provision for doubt ful accounts is provided based upon 52. expectedcollectionsandisincludedinmedicalandhospitalandpracticegeneralandadministrative expenses. These contractual allowances, discounts and allowance for doubtful accounts are deductedfromaccountsreceivableintheaccompanyingbalancesheets. The discounts and allowancesaredeterminedbaseduponhistoricalrealizationrates, the currente conomic environment and the age of accounts. Change in estimated collection rates are recorded as a change in estimate

intheperiodthechangeismade.

Continuedontab"Sheet1")

	1						
	OVERFLOWPAGEFORWRITE-INS						
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2. 3.							
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59.	(Continuedon''Sheet1'')						

KNOX-KEENE SUPPLEMENTALINFORMATION PURSUANTTOSECTIONS1300.84.06AND1300.84.2

	PURSUANTTOSECTIONS1300.84.06AND1300.84.2								
			1			2			
1.	NetEquity				\$	4,160,804			
2.	Add:SubordinatedDebt				\$	0			
3.	Less:Receivablesfromofficers, directors,andaffiliates				\$	377,998			
4.	Intangibles				\$	79,380			
5.	TangibleNetEquity(TNE)				\$	3,703,426			
6.	RequiredTangibleNetEquity(SeeBelow)				\$	67,862			
7.	TNEExcess(Deficiency)				\$	3,635,564			
			FullService Plans			Specialized Plan			
A.	MinimumTNERequirement	\$	1,000,000	MinimumTNERequirement	\$	50,000			
В.	REVENUES:								
8.	2% of the first \$150 million of annualized premium revenues	\$	0	2% of the first \$7.5 million of annualized premium revenue	\$	67,862			
	Plus			Plus					
9.	1% of annualized premium revenues in excess of \$150 million	\$	0	1% of annualized premium revenue in excess of \$7.5 million	\$	0			
10.	Total	\$	0	Total	\$	67,862			
c.	HEALTHCAREEXPENDITURES:								
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitate dorman aged hospital basis.	\$	0	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitate dorman aged hospital basis.	\$	0			
	Plus			Plus					
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitate dorman aged hospital payment basis.	\$	0	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitate dorman aged hospital payment basis.	\$	0			
	Plus			Plus					
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	0	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	51,646			
14.	Total	\$	0	Total	\$	51,646			
15.	Required"TNE"-Greaterof"A""B"or"C"	\$	0	Required"TNE"-Greaterof"A""B"or"C"	\$	67,862			

KNOX-KEENE SUPPLEMENTALINFORMATION PURSUANTTOSECTIONS1374.64

POINTOFSERVICE"ADJUSTED"TANGIBLENETEQUITYCALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

			1
1.	NetEquity	\$	4,160,804
2.	Add:SubordinatedDebt	\$	0
3.	Less:Receivablesfromofficers,directors,and affiliates	\$	0
4.	Intangibles	\$	0
5.	TangibleNetEquity(TNE)	\$	4,160,804
6.	RequiredTangibleNetEquity(FromLine18below)	\$	0
7.	TNEExcess(Deficiency)	\$	4,160,804
I.	ADJUSTEDREQUIREDMINIMUMTANGIBLENETEQUITYCA PlanisrequiredtohaveandmaintainTNEasrequiredbyRule1300.		
		. 1	. , . ,
8.	MinimumTNEascalculatedunderRule1300.76(a)(1)or(2)	\$	0
9.	10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	0
10.	Addlines8and9	\$	0
II. PlanisrequiredtohaveandmaintainTNEasrequiredbyRule1300.76(a)(3): PARTA			
11.	MinimumTNEasrecalculatedtoexcludeannualizedhealthcare expendituresforout-of-networkservicesforpoint-of-service enrollees(attachworksheetPage15)	\$	-
12.	10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	- 0
13.	Addlines11and12	\$	0

${\bf STATEMENTASOF 5-31-2003OF 933-0244DEDICATEDDENTAL SYSTEMS, INC.} \\ {\bf WORKSHEETFOR ADJUSTED TANGIBLE NETEQUITY CALCULATION}$

		1 FullService <u>Plans</u>	2 Specialized <u>Plans</u>
1.	Healthcareexpendituresforperiod	\$ 0	\$ 0
	Less:		
2.	Capitatedormanagedhospitalpaymentbasisexpenditures	0	0
3.	Healthcareexpenditures for out-of-networks ervices for point-of-service enrollees	0	0
4.	Result	0	0
5.	Annualized	0	0
6.	Reducetomaximumof\$150million	0	0
7.	Multiplyby8%	\$ 0	\$ 0
	Plus		
8.	Annualizedhealthcareexpendituresexceptthosepaid onacapitatedormanagedhospitalpaymentbasisand excludinghealthcareexpendituresforout-of-network servicesforpoint-of-serviceenrollees	\$ 0	\$ 0
9.	Line8less\$150million	0	0
10.	Multiplyby4%	\$ 0	\$ 0
	Plus		
11.	Annualizedhospitalexpenditurespaidonamanaged hospitalpaymentbasisandexcludinghealthcare expendituresforout-of-networkservicesfor point-of-serviceenrollees	\$ 0	\$ 0
12.	Multiplyby4%	\$ 0	\$ 0
13.	Total	\$0	\$0

$\frac{\text{STATEMENTASOF05-31-2003OF933-0244DEDICATEDDENTALSYSTEMS,INC.}}{\text{NOTESTOFINANCIALSTATEMENTS}}$

(dollarsinthousands)

(Continued)

(e)SuppliesInventory

Supplies consist primarily of disposable dental supplies and instruments stored at the dental practices. Supplies are stated at the lower of cost (first-in, first-out basis) or market (net realizable value).

(f)EquipmentandLeaseholdImprovements

Equipmentandleaseholdimprovementsarestatedatcost; replacementsandmajor improvementsarecapitalized, while repairs and maintenance are charged to expense as incurred. Equipment is depreciated using the straight-line methodover the estimated useful lives of the assets, typically ranging from three to 15 years. Leasehold improvements are amortized using the straight-line methodover the shorter of the useful life or the term of the lease.

(g)Goodwill

InJuly2001,theFASBissuedStatementsofFinancialAccountingNo.142,"Goodwill andOtherIntangibleAssets"("SFAS142"),effectivefortheCompanyinthefirst quarterof2002.SFAS142requirescompaniestostopamortizinggoodwillandcertain intangibleassetswithanindefiniteusefullife.Instead,goodwillandintangibleassets deemedtohaveanindefiniteusefullifearesubjecttoanannualreviewfor impairment.TheCompanyperformedtherequiredimpairmenttestsofgoodwillas ofJanuary1,2002,asthegoodwillisdeterminedtohaveanindefinitelife.No impairmentwasrecordedduring2002asaresultofadoptingSFAS142.Also,the Companydidnotrecordamortizationonitsgoodwillduring2002orthrough May31,2003.

(h)Long-LivedAssets

InAugust2001,theFASBissuedStatementofFinancialAccountingStandardNo.144, "AccountingfortheImpairmentorDisposalofLong-LivedAssets" ("SFAS144").SFAS 144addressesfinancialaccountingandreportingfortheimpairmentordisposaloflong-livedassets. ThisStatementsupersedesSFAS121, and the accounting and reporting provisionsofAPBOpinionNo.30, "ReportingtheResultsofOperations-Reportingthe EffectsofDisposalofaSegmentofaBusiness, and Extraordinary, Unusual, and InfrequentlyOccurringEventsandTransactions, "forthedisposalofasegmentofa business. The provisions of this statement were effective on January 1,2002. The adoption of SFAS144 did not have a significant impact on the Company's financial position or results of operations and no impairment of long-lived assets was recorded during the five month sended May 31,2003.

(i)FairValueofFinancialInstruments

The Company's balance sheets include the following financial instruments: cash and cash equivalents, certificates of deposit, receivables, and accounts payable. The Company considers the carrying amounts of current assets and liabilities in the financial statements to approximate the fair value for these financial instruments because of the relatively short period of time between origination of the instruments and their expected realization.

(j)ConcentrationsofCreditRisk

Fin ancial instruments which potentially subject the Company to concentrations of creditrisk consist primarily of premiums receivable. Concentrations of creditrisk with respect to receivables are limited due to the large number of individuals and employer groups comprising the Company's customer base.

(Continuedon"Sheet2")

${\bf STATEMENTASOF 5.31-2003OF 933-0244 DEDICATED DENTAL SYSTEMS, INC. IN ANCIAL STATEMENTS}$

lollarsinthousands

(Continued)

(k)IncomeTaxes

The Company does not file separate federal, state and local tax returns as they are filed with the consolidated tax returns of Parent. According to a tax sharing agreement with Parent, a oincome tax espayable under the consolidated tax returns is allocated to or payable by the Company (see Note 7).

(I)ProfessionalLiabilityInsurance

The Company maintains claims-made basis profession alliability insurance coverage of \$\$,000 per incident and \$\$,000 in the aggregate on a nannual basis. Claims-made coverage covers only those claims reported during the policy period. The Company expects to renew its existing policies and to be able to continue to obtain coverage infuture years.

(m)ClaimsPayable

 $\label{lem:continuous} Claims payable, included in other current liabilities, include amounts billed and not paid and an estimate of costs incurred for unbilled services ("IBNR") by dental care provider satthe balance sheet date. At May 31, 2003, the IBNR reservees timate was 18.$

(n)UseofEstimates

The preparation of financial statements in conformity with accounting principle sgenerally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingents assets and liabilities at the date of the financial statements. Statements. Statements Statements are statements of revenues and expenses during the reporting period. Actual results could differ from these estimates.

(3)EquipmentandLeaseholdImprovements

The following table summarizes the components of equipment and lease hold improvements at May 31,2003:

Equipment	\$1,440
Leaseholdimprovements	891
	\$2,331
Lessaccumulateddepreciationandamortization	(1,258)
	\$1.073

(4)CommitmentsandContingencies

The Company leases of fices pace and equipment for its corporate and dental practice of fices under various noncance lab keeper a fingle asses. Future minimum lease payments due at May 31, 2003, including those with related parties a soutlined in Note 6, are summarized as follows:

2003	\$183
2004	211
2005	206
2006	173
2007	105
Thereafter	203
	\$1.081

Rental expense, including equipment month-to-month rentals, totaled \$224 for the five months ended May 31,2003.

(5)EmployeeBenefits

The Company participates in the Inter Dent, Inc. defined contribution plan in accordance with Section 401 (k) of the Internal Revenue Code. The plan cover substantially all lemployees of the Company, Contributions to the plan by the Company are discretionary. The rewereno Company contributions to the plan during the five months ended May 31, 2003.

(6) Related Party Transactions

To obtain favorable group purchases, Parenton behalf of the Company purchases certain goods and services. These goods and services are transferred to the Company at Parent cost. A spayment for these services, the Company periodically transfers cash deposits to Parent. Parent receivable at May 31,2003 was \$2.786 road vance payments.

Several professional associations ("P.A.'s") affiliated with Parent provided ental careservices to certain Companyenrolled groups. The Company paids 14 lincapitation payments to the P.A. 's for detal careser vices provided to enrolle soft is sured groups during the five months ended May 31, 2003.

The Company continues to lease the following dental practice of fices from Dental Practice Management ("DPM"), an entity owned by the Company's prior president:

	Location/
Clinic	California
MountainViewFamilyDentistry	Arvin
RosedaleDentalPractice	Bakersfield
CaliforniaDentalCenter	Bakersfield
SanDimasOrthodonticCenter	Bakersfield
DelanoFamilyDentistry	Delano
LakeIsabellaFamilyDentistry	LakeIsabella

The leases require aggregate monthly payments of up to \$26 and expire at various dates through March 2010. Rental expense, aggregating \$129 for the five months ended May 31,2003, is included in practice occupancy.

 $Future minimum lease payment sunder lease agreements with DPM at April 30,2003\ are summarized as follows:$

2003	\$89
2004	90
2005	90
2006	90
2007	90
Thereafter	203
	965

(7)IncomeTaxe

The Company is included as part of the consolidate dreturns of Inter Dent, Inc. During the five months ended May 31, 2003, the Company recorded income tax expenses of S20 as fithe Company were taxed sax (Corporation and was responsible for its federal and state income tax esons at and-alone rather than a consolidated basis. However, under the Company's tax-sharing agreement with Parent, poincome tax sepayable under any offered rast action for colatax return of the consolidated group of which Parentis amembers hall be allocated to or payable by the Company. A sarresult, the Company has recorded a capital contribution from Parent of S520 for the French benefit of May 12, 2003.